

FOR BINDING. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

132

Registered No.

358

1. PLACE OF BIRTH

County

Gila

State

Arizona

District or Township

City

Miami

No.

37 Grover Canon

St.

Ward

2. Full name of child

Mmanuel Figueroa

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

Boy

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

Yes

7. Date

of birth

Aug 16 1928
Month Day Year

8.

FATHER

Full name

Miguel Figueroa

14.

MOTHER

Full maiden name

Jesus Valdivia

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 51 (Years)

12. Birthplace (city or place)

(State or country)

Chihuahua Mexico

16. Color or race

Mexican

17. Age at last birthday 31 (Years)

18. Birthplace (city or place)

(State or country)

Chih Mexico

13. Occupation

Nature of industry

Miner

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum.

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at 11:30 p.m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Rosa Carley

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address

806 Sullivan St.

Filed

Aug 19 1928

Registrar

Registrar

461-816-156